



INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC  
FROM THE

## D.C. BOARD OF MEDICINE

June 2003

### ***NEW BOARD MEMBERS***

Mayor Anthony A. Williams appointed two new members to the D.C. Board of Medicine since the last newsletter. **Lawrence A. Manning, M.D.**, an orthopedic surgeon, was appointed as a physician member of the Board. Dr. Manning replaces **Vernon C. Smith, Jr., M.D.**, who served as a physician member of the Board and as Vice-Chairperson of the D.C. Board of Medicine over a nine-year period, dating from 1994. Dr. Smith's statutory eligibility to serve on the Board expired after nine years of dedicated service.

**James A. Towns, Esq.**, a practicing attorney, was appointed to the Board as a consumer member. Mr. Towns replaces **Mrs. Savanna Clark**, who contributed as a consumer member since her appointment in 1999.

The Board and staff ask the medical community and the public to join us in thanking Mrs. Clark and Dr. Smith for their dedicated service and in welcoming Dr. Manning and Mr. Towns.

### ***LEGAL REMINDER: REFERRAL FEES ARE ILLEGAL***

The D.C. health licensing statute (D.C. Official Code §3-1205.14(a)(14)(2001) authorizes health professional boards to take disciplinary action against a health professional who:

"Pays or agrees to pay anything of value to, or to split or divide fees for professional services with, any person for bringing or referring a patient."

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### ***D.C. BOARD'S RANKING IMPROVED***

In Public Citizen's annual ranking of state boards of medicine based on serious disciplinary actions, the D.C. Board of Medicine improved from 51<sup>st</sup> in 2001 to 26<sup>th</sup> in 2002. The ranking system defines "serious disciplinary actions" as revocations, surrenders, suspensions, and probation/restriction. The number of disciplinary actions that embodied those results was then divided by the beginning of the year number of licensees to get the serious disciplinary actions per 1,000 doctors, a normalized ratio that allowed comparisons between boards.

The increase in the District's ranking primarily reflected the increase from 3 serious disciplinary actions in 2001 to 14 in 2002, and the Board is gratified that the ranking has improved perceptions such that the public and the medical community are aware of the effort to address matters that are brought to the Board's attention. However, the Board does not have a target number for disciplinary actions, and there are some real problems when comparing medical boards.

One problem with comparisons is the variability of practice environments among jurisdictions. For example, D.C. is the only jurisdiction that has a *total* urban practice setting. Physicians in urban settings tend to practice in hospital settings or in other structured settings where institutional rules and peer review represent the first line of public protection.

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## ***REFERRAL FEES***

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The intent of the statute cited above is to eliminate an economic incentive to provide more care than is medically indicated. Similar provisions exist in the licensing laws of most other jurisdictions. Referral services that are simply clearinghouses and that do not involve the payment of anything of value do not represent an issue with respect to the above statute.

## ***BOARD'S RANKING IMPROVES***

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In jurisdictions where there are large rural areas, institutional oversight and regulation is not as great as is the case in urban settings, and consequently it can be expected that more issues are brought to the attention of the state licensing boards. Indeed, inspection of the ranking tends to validate the rural/urban dichotomy in practice settings. The top ten states in Public Citizen's ranking were: Wyoming, North Dakota, Alaska, Kentucky, Oklahoma, Arizona, Ohio, Colorado, Montana and Utah.

Another issue with ranking boards of medicine is the variance in reporting and procedures. For example, if an applicant does not meet a jurisdictions' credentials requirement for licensure, his or her application can be denied or the applicant can be asked to withdraw the application. In both cases, the physician is not allowed to practice. However, only the denial is a reportable event.

A third issue in ranking medical boards is resources. A board's resources impact the number and speed of disciplinary actions. Rankings that do not account for the resources of the boards really rank the government entity in total, rather than the effort or disposition of the boards to take disciplinary actions.

Ranking issues notwithstanding, the Board is pleased with the improved perception of its efforts, and will endeavor to continue to address quickly and fairly issues that surface.

## **The D.C. Board of Medicine**

The current members of the Board are:

**William E. Matory, M.D.**, Physician Member and Chairperson;

**James A. Buford, M.P.H.**, Statutory Member;

**Bonnie L. Burnquist, M.D.**, Physician Member

**Frederick C. Finelli, M.D.**, Physician Member;

**Jean A. Linzau, M.D.**, Physician Member

**Lawrence A. Manning, M.D.**, Physician Member;

**Morton J. Roberts, M.D.**, Physician Member;

**Peter G. Shields, M.D.**, Physician Member;

**Ronald Simmons, Ph.D.**, Consumer Member;

**Andrea D. Sullivan, N.D., Ph.D.**, Consumer Member; and

**James A. Towns, Esq.**, Consumer Member.

The Board staff includes **Mr. James R. Granger, Jr.**, Executive Director, and **Ms. Antoinette Stokes**, Health Licensing Specialist. The Board's phone number is (202) 442-9200. The fax number is (202) 442-9431.

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## **BOARD ORDERS**

**January-June 2003**

### **Probation**

**Kogan, Israel:** (1/29/03). The physician's D.C. medical license was placed on probation for three years *nunc pro tunc* to July 10, 2002 with reporting requirements by consent order. The physician was disciplined in Maryland for conduct that would be grounds for disciplinary action in D.C.: Had a sexual relationship with a patient with whom he also had a business relationship. Dr. Kogan did not admit liability.

**Neander, John Michael:** (2/11/03). The physician's D.C. medical license was placed on probation for two years *nunc pro tunc* to January 21, 2002 with reporting requirements by consent order. The physician was disciplined in New York for conduct that would be grounds for disciplinary action in D.C.: Negligence and failure to maintain records.

### **Reprimanded and Fined**

**Fenton, Leslie H.:** (3/26/03). The physician was reprimanded and fined \$5,000.00 by consent order. The physician made a false statement about his credentials under oath as an expert witness, and thereby failed to conform to the standards of acceptable conduct and prevailing practice.